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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name		Office:		
L GARY KNIGHT Mailing address 453 MOOSE HILL ROAD		☐ House ☐ Senate		
		District		
		481		
City, zip code		Phone		
LIVERMORE PALLS MAINE 04254		897-2489		
PART 1. INCOME DI	ERIVED FROM EMPLOYMENT BY ANO	DTHER		
List the name and address of each employer from w economic activity of each employer.	hom you received compensation of \$1,000 o	r more. Specify the principal type of		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
STATE of MAINE	2 STATE HOUSE STATION ME	Gov'T		
The Department of the American Contract of the				
	E DERIVED FROM SELF-EMPLOYMEN gislators who are self-employed.)			
A. List the name and address of your business, if any associated with a partnership, firm, professional associated.	y, and list the major areas of economic activit ciation, or similar business entity, list the ma	ty from which you derived income. If jor areas of economic activity of that		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
		DUSINGS CITIEY)		
Name:		Average of the second s		
Address:				
Name:	11.00	· ·		
Address:				

(For Legislators)	ERIVED FROM SELF-EMPLOY who are self-employed.)	
B. List each source of income derived from self-employment that i greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profeentity or person from whom the income was derived.	entity of person from whom you o	derived such income. If this form of ncipal type of economic activity of the
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		A SALESTAN SALESTAN
Address:	erri storri serri errinda errinda de errinda errinda errinda kantala kantala kantala kantala kantala kantala k	
Name: Address:		
Address:		
	AREAS OF PRACTICE are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list to	rocontroversor reconstitute de districte recolor (Sedenaria presentativa de de describativa de de districte de	үүү бүйүн байда кыргыз айыйдын байын кыргыз кана кыргыз кана байын кыргыз кыргы
Name and Address of Firm	Major Areas of Pra (self)	Actice Major Areas of Practice (firm)
Name:		***************************************
Address:		
Name:		
Address:		Year and the second sec
的复数形式 医皮肤	SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not include g	ifts. If none, check the box.
	Metty Pottok potenty kole objekti potenty pote	
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name and Address of Source MORGAN STANKE Y 100 MIECLE	St Pritland WE 04104 PSATURND ME 04104	Kind of Income
Name and Address of Source MORGAN STANKE Y MITH BARNEY 100 MILELE Name: Merrill Lynch 350 FORE ST		Kind of Income (investments, leases, etc.)
Name and Address of Source MORGAN STANKE TMITH BARNEY 100 MILEST Address: ANDROSCOGGIN BANK 30 LISBIT FRANKLIN STANINGS MAIN ST	PORTIOND ME 04104 ST LEWSTON ME 04743 FARMING BAME 04798	Kind of Income (investments, leases, etc.) INVESTMENTS PERSION & interest INTERECT
Name and Address of Source MORGAN STANKE TEMITH BARNEY 100 MILEST Name: Merrill KANCH 350 FORE ST Address: ANDROSCOGGIN BANK 30 LIEBIT FRANKLIN SAVINGS MAIN ST Name: Novigherst Brown Box 200 a Address:	PORTITION DIF 04104 ST Lewston ME 04743	Kind of Income (investments, leases, etc.) Thutsime (1) PERSION + interest (NIERR (1)
Name and Address of Source MORGAN STANKE TIMITH BARNEY 100 MILELY Name: Merrill LANCH 350 FORE ST Address: ANDROSCOGGIN BANK 30 LISBIN FRANKLIN SAVINGI MAIN ST Name: Northerst Browk Box 200 a	PORTIOND ME 04104 ST LEWSTON ME 04743 FARMING BAME 04798	Kind of Income (investments, leases, etc.) INVESTMENTS PERSION & interest INTERECT
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Name and Address of Source MORGAN STANKE TMITH BARNEY 100 MILEGIE Name: Merrill LANCH 350 FONE ST Address: ANDROSCOGGIN BANK 30 LISBIN FLANKLIN SAVINGI MAIN ST Name: Northerst Browk Box 2017 a Address: SOCIAL SECURITY FLEMIN.	PORTIOND ME 04104 ST LEWISTIN ME 04743 FARMING BA ME 04798 (CLUSTEN ME 04743 RTABLE LIABILITIES more that you received during the	Kind of Income (investments, leases, etc.) THERSION + INTEREST INTEREST SOCIAL SECURIT PENELLY reporting period, and list the major
Name and Address of Source MORGAN STANKE TIMITH BARNEY Name: Merrill Lanch Address: AN DROSCOGGIN BRANK 30 LISBIN FRANKLIN SAVINGS Name: Northers Frank Address: Social SEcurity Hemin. PART 5. REPOR	PORTIOND ME 04104 ST LEWISTIN ME 04743 FARMING BA ME 04798 (CLUSTEN ME 04743 RTABLE LIABILITIES more that you received during the	Kind of Income (investments, leases, etc.) THERSION + INTEREST INTEREST SOCIAL SECURIT PENELLY reporting period, and list the major
Name and Address of Source Morgan Stance TMITH BARNEY 100 Middle Name: Merrill Lynch 350 Fore ST Address: ANDROSCOGGIN BRINK 30 LISBIN FRANKLIN SAVINGS MAIN 151 Name: Novighers Frank 150 LOD 151 Address: Social SEcurity Remin. PART 5. REPOR List the names of creditors for any unsecured loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card list	PORTIOND ME 04104 ST LEWISTIN ME 04743 FARMING BA ME 04798 (CLUSTEN ME 04743 RTABLE LIABILITIES more that you received during the	Kind of Income (investments, leases, etc.) THERSION + INTEREST INTEREST SOCIAL SECURIT PENELLY reporting period, and list the major
Name and Address of Source Morgan France TMITH BARNEY Name: Merrill Lanch Address: AN DROSCOGGIN BRINK 30 LISBIN FRANKLIN SANINGI Name: Northerst Brink Address: Social SEcurity Hemin. PART 5. REPOR List the names of creditors for any unsecured loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card lia	PORTIOND ME 04104 ST LEWISTIN ME 04743 FARMING BA ME 04798 (CLUSTEN ME 04743 RTABLE LIABILITIES more that you received during the	Kind of Income (investments, leases, etc.) INVERSION + interest INVERSION + interest Social Security buncht, reporting period, and list the major ne, check the box.
Name and Address of Source Morgan Stance (MITH Barney 100 Middle 350 Fore ST 350 Fore ST ADDROSCOGGIN BRINK 30 LISBIN FRANKLIN SHUNGS MAIN ST BOX 2011 Address: Name: Novighers the Box 2011 Address: PART 5. REPOR List the names of creditors for any unsecured loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card list None Name and Address of Creditor	PORTIOND ME 04104 ST LEWISTIN ME 04743 FARMING BA ME 04798 (CLUSTEN ME 04743 RTABLE LIABILITIES more that you received during the	Kind of Income (investments, leases, etc.) INVERSED A CONTROL OF SOCIAL SECURITY PURCENT reporting period, and list the major ne, check the box. Principal Type of Economic
Name and Address of Source Morgan Stance Timith Barney 100 Middle Merrill Lanch 360 Fore ST Address: AN DROSCOGGIN BRINK 30 LISBIN FRANKUM SAVINGI MAIN IT Name: Novethers Frank 1861 2011 6 Address: Social SEcurity Admin. PART 5. REPOR List the names of creditors for any unsecured loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card lia None Name and Address of Creditor Name:	PORTIOND ME 04104 ST LEWISTIN ME 04743 FARMING BA ME 04798 (CLUSTEN ME 04743 RTABLE LIABILITIES more that you received during the	Kind of Income (investments, leases, etc.) INVERSED A CONTROL OF SOCIAL SECURITY PURCENT reporting period, and list the major ne, check the box. Principal Type of Economic

PART 6.	REPORTABLE GIFTS				
List the specific source of each gift of more than \$300. Incl none, check the box.	ude gifts with an aggregate	value of more than \$300 from a singl	le source. If		
None	aka makati menengan menangan tahun tahun nyungan kenanda sahuh kendulai di teknan menengan mend	retitation erretima etitatat erretiti teria milla an ergyanegade alma ganian arco, como a amo como diante ade	enner verti a it por angupuquagunova anas esperit a		
Name of Source of Gift 1.	in the second	Name of Source of Gift	aran mada kanalangan pangan banda dalah da		
	4.	роскі рам маней за найзані до до найзані надзенів за памена у раздуну у зашту надзенью у надзенью на нашій нез рам не у надзен, у му з			
	1100				
PART 7. RI List the source of any honoraria accepted for appearances or	EPORTABLE HONORAR		k the box		
None					
Name of Source of Honoraria		Name of Source of Honoraria	adžina vita gražina vita (žižina ni nažini, na propranje nažini dilika (Si nažina vita (žižina nažini, na propranje nažina (vita vita nažina nažina nažina nažina nažina nažina nažina		
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2.	to a continuous and a time and formation of the state of	OTTENION THE TELES AND WHILE HE HAVE THE COLOR OF THE	AANAYII AANI CAHIIIA AANIIIIN OO		
PART 8. REPRESENT	TATION BEFORE STATE	AGENCIES			
List each executive branch agency before which you represe	ented or assisted others for	compensation of any amount. If non	e, check the		
None	والمنافرة والمرافرة والمنافرة والمرافزة والمنافرة والمنا	ad managaman jama managa sa	Committee Control of C		
Name of Agency		Name of Agency			
1.	3.	NEWERS A PRESIDENT AND AND AND AND ARROWS A PRESIDENCIAL AND AND ARROWS AND ARROWS AND ARROWS AND ARROWS A STREET AND ARROWS AND ARR	orani arabah ingarah dari dahar salindara		
2.	4 .				
PART 9. BUSIN	IESS WITH STATE AGE	NCIES			
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods or services with a value	in excess of		
None	est relievent somisateluvið rennesstandinud skalanlindeldeld trakvistumbetaletelus at Ammunneldissa	tion that the historial should be with the historial should be sho	tetti kutumusenttuursensimuseka saanka saare		
Name of Agency	nte nekere somet ett fra en ett et fylgen med prij negt fra en der fik frei hans kartisekan och kar her fill det sta ställförer kanstalle ett en ett fra en ett	Name of Agency	weith helpholish equil, its enument facility hidrolise ordinate of the state of th		
1.	3.				
2.	4.		indianyendin of reaminine ere in investigation and makes elikabeta		
PART 10. INCOME RECEIV	ED BY MEMBERS OF IM	MEDIATE FAMILY			
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If				
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Incor			
Name: LYW	1.	Spouse or Domestic 2. Enveilment	2174		
Job Title: RETIRED	2. 3.	Domestic 2. Investment Partner 3.			
	, en antico de come de contrata de encontrata de encontrata de contrata de contrata de contrata de encontrata de e	Dependent Child			
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent Child			
activity and the kind of income.	distribution and confluence confluence and construction and construction and confluence and conf	Dependent Child	variance construence de la marie della mar		

List any for-profit or nonprofit corporation, firm, association, parti any office, trusteeship, directorship, or position of any nature. In was compensated. If a family member listed, indicate your relati	ndicate whether you o	or a family held the	position and whethe	diate family held r the position	
☐ None			MONEYON MARKAN AND AND AND AND AND AND AND AND AND A	WATER TO THE PARTY OF THE PARTY	
Organization/Business and Address		Position Held By:	Family Member's Name	Compen- sated?	
ANDROS SAUNGS KANK LISENNST, Lewiston	Corporator	GARY		No	
VARIOUS COMMUNITY BORRUS (Committee)	DI-ME CTOR	* 1		No	
MSAO #34	DIRECTOR	Spoure	Lynn	"5/meetin	
Public Lignamy	ThuITER	l f	1 (No	
	IGNATURE				
A Legislator who willfully fails to file a required statement is		f up to \$100 /11	M P C A & 1017-A	. \	
The intentional filing of a false statement is a Class E crim willfully filed a false statement, it shall refer its findings of fa	e. If the Commissi	ion concludes tha	at it appears that a		
May Land		1/2/10			
Signature		Date			
ADDITION	NAL INFORMATIO	N TOTAL STREET			
Please provide any additional information below (and on a the information you are providing.	and the state of t		e the part or section	on number for	
Part/Section Number				popularia de la composita de l La composita de la composita d	
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PART 11. OFFICER OR DIRECTOR POSITIONS